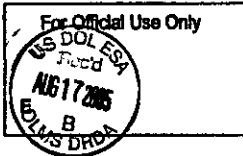


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - <u>9330</u>	2 Fiscal Year Covered From <u>01</u> / <u>01</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>PATRICK</u> <u>L</u> <u>SINK</u> P.O. Box, Bldg, Room No., if any _____ Street <u>3515 PROSPECT AVE.</u> City <u>CLEVELAND</u> State <u>OHIO</u> ZIP Code + 4 <u>44115</u>	4 Name, file number, and address of labor organization Name <u>INTERNATIONAL UNION of OPERATING Eng.</u> <u>LOCAL 18</u> Labor Organization File Number <u>039080</u> P.O. Box, Building and Room Number, if any _____ Street <u>3515 PROSPECT AVE.</u> City <u>CLEVELAND</u> State <u>OHIO</u> ZIP Code + 4 <u>44115</u>
5. Position in labor organization <u>BUSINESS MANAGER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any) Name _____ Trade Name, if any: _____ P.O. Box, Bldg, Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a Nature of Interest, Transaction, or Income _____ 7.b Amount _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions.)

Signed

On

8-11-05

Date

216-432-3138/216-9019197

Telephone Number

Name of Person Filing

PATRICK L. SINK

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name Trade Name, if any: P.O. Box, Bldg, Room No., if any Street City State ZIP Code + 4

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name Ohio operating engineers Pension FundTrade Name, if any: P O Box, Bldg, Room No., if any Street 1180 Dublin Rd.City ColumbusState OHIO ZIP Code + 4 43212-0009

11 a Nature of such dealing.

union Pension Fund11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

Direct payment of expenses for
annual meeting of May 26-27, '09
(See ATTACHED)

12 b Amount. 24643

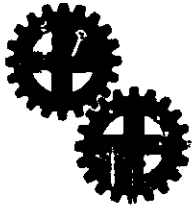
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name Trade Name, if any: P O Box, Bldg, Room No., if any Street City State ZIP Code + 4

14 a Nature of payment

13 b. Is the Business an Employer ☐ or Consultant ☐ ?14 b Amount of payment.



Ohio Operating Engineers

Fringe Benefit Programs

1180 Dublin Road • PO Box 12009 • Columbus OH 43212-0009

Area 614 488-0708

Raymond Orrand ★
Administrator ★

REC'D JUL 11 2005

July 6, 2005

Patrick L. Sink, Chairman
Ohio Operating Engineers Pension Fund
3515 Prospect Ave
Cleveland OH 44115-2619

Re: May 26 & May 27, 2004 Trustee Expense

Dear Pat:

Please be advised the Ohio Operating Engineers Pension Fund provided a room and meals for four Union Trustees at the annual meeting in the following amounts.

1. **Room and tax at \$147.83 per individual.**
2. **Meals including tax and gratuity totaling \$98.60 per individual for both days of the meeting.**

If you need any additional information, please contact me at (614) 488-0708 ext. 111.

Sincerely,

Raymond Orrand
Administrator

RO/bc